

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: Agency(ies) Charge No(s): <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC 410-2021-03021	
_____ and EEOC <i>State or local Agency, if any</i>			
Name (indicate Mr., Ms., Mrs.) MRS. ZAKIYA N JOHNSON		Home Phone (404) 931-7650	Year of Birth
Street Address City, State and ZIP Code 3535 PEACHTREE ROAD NE, STE 520-533, ATLANTA, GA 30326			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name DEKALB COUNTY SCHOOL DISTRICT		No. Employees, Members 501+	Phone No. (678) 676-1200
Street Address City, State and ZIP Code 1701 MOUNTAIN INDUSTRIAL BLVD, STONE MOUNTAIN, GA 30083			
Name		No. Employees, Members	Phone No.
Street Address City, State and ZIP Code			
DISCRIMINATION BASED ON (Check appropriate box(es).) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify)		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 01-27-2021 05-31-2021 <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): I was hired by the above-named employer in or around August 2016, as Secretary to the Principal. On or about March 12, 2020, I began to telework due to the shutdown caused by COVID-19. On or about January 27, 2021, I requested an accommodation to continue working from home. I provided my employer with the proper medical documentation. My accommodation requests have been ignored on three separate occasions. In or around May 2021, I was threatened with termination if I failed to return in-person. I was told that the school district was not approving any accommodations for telework. I believe that I have been discriminated against because of my disability, in violation of Title I of the Americans with Disabilities Act of 1990, as amended.			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. I declare under penalty of perjury that the above is true and correct. Digitally signed by Zakiya N Johnson on 07-08-2021 03:11 PM EDT		NOTARY - When necessary for State and Local Agency Requirements I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	